

Application for Change/Transfer of Water Right

13 DCT 21 A8:57

For filing with the Department of Ecology or with County Conservancy Boards & BUOG

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

	FOR OFFICIAL USE ONLY						
(Check all that apply.)	(Check all that apply)						
Change purpose(s) of use		CHECK NO. 500 FEE \$ 50					
Add purpose(s) of use		DATE ACCEPTED 10/21/13 BY DE					
Change point(s) of diversion/withdrawal		CHANGE NO.CG 1-* 64 788C					
Add point(s) of diversion/withdrawal		COUNTY KING WRIA 8					
Change/transfer place of use							
Other (i.e. consolidation, intertie, trust water)	SPECIAL AREA						
		/					
Explain:		SEPA: DEXEMPT D					
		ECY CODING: 001-002-WR10285-000011					
THE MORE COLCE IS MEETED. ATT ACM ADDITIONAL		APP NO.					
IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)	CERT NO.	CERT OF CHG NO					
SHEETS (FEETING FRANCE)	REST	10/29/12					
☑ I have participated in a pre-application cor	nference w		10/201/13				
I have participated in a pre-application con	Herence w	ith Ecology.					
1 A - 1: A T - C 4:							
1. Applicant Information							
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.				
Steve Van Til/Vulcan		206.342.2119					
ADDRESS							
505 Fifth Avenue South, Suite 900							
CITY		STATE	ZIP CODE				
Seattle		WA	98104				
EMAIL ADDRESS (IF AVAILABLE)							
SteveV@vulcan.com							
CONTACT (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.				
Joe Morrice (Aspect Consulting)		206.838.6581					
ADDRESS							
401 Second Ave S, Suite 201							
CITY		STATE	ZIP CODE				
Seattle		WA	98104				
EMAIL ADDRESS (IF AVAILABLE)							
jmorrice@aspectconsulting.com							
LEGAL LAND OWNER OF PART OWNER OF PROPOSED PLACE OF	FUSE	PHONE NO.	FAX NO.				
Access Golf, LLC		206-342-2119					
ADDRESS							
505 5th Avenue South, Suite 900							
CITY		STATE	ZIP CODE				
Seattle		WA	98104				
EMAIL ADDRESS (IF AVAILABLE)							
A W. A. D. LAY C.							
2. Water Right Information							
WATER RIGHT OR CLAIM NUMBER		D NAME(S)					
Certificate 4066A	Overda	e Water Association					
DO YOU OWN THE RIGHT TO BE CHANGED? YES NO							
			T' 2225 GE 544 PI				
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: Overdale V	Vater Asso	ciation (Contact: Dale	Timmons, 2325 SE 54th Pl,				
Issaquah, WA 98029)	9 11 15						
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST I	FIVE (5) YEARS	S? YES NO					
보는 가게 가게 하는 그 사람들이 가지를 즐겁게 되었다.							

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A	H7	
^	Existing	г

SOURCE	1	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG#
Well		2	SE	NW	22	24N	6E	644620-0225	

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Well			SE	34	26N	5E	342605-9018	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE	
Community Domestic (Municipal)	50	80	Continuous	

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE	
Irrigation	50	80	April through September	

5. Place of Use:

	117				
A.	H'N	716	THE	TO	0
10	11/2	VII.	u	ш	2

					RESENTLY USED:		
Comi	nunity of	Overdale Pa	ark, King	County	Washington		
			s Profession				
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
		12	F 1				
OO YO	U OWN ALL	THE LANDS IN	THE EXISTIN	G PLACE	OF USE? YES NO)	
IF NO, I	PROVIDE OV	WNER(S) NAME:	Multiple	owners	in service area of (Overdale Park Water Sys	tem
B. Pi	roposed						
LEGAL	DESCRIPT	ION OF LANDS	WHERE NEV	W USE IS	PROPOSED:		
Saa a	ttochad						

LEGAL	DESCRIPT	ION OF LANDS	WHERE N	EW USE IS	PROPOSED:		
See att	ached						
			17. 12.				
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
		33 and 34	26N	5E	King		
		THE LANDS IN WNER(S) NAME:		OSED PLACE	E OF USE? YES NO		

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?	
☐ ES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):	

currently owned by Overdale Par	filed concurrently with a change applic	ation for Ceru	ficate 3973A, also				
currently owned by Overdate 1 a	:K.						
The man and any otten	, , , , , , , , , , , , , , , , , , , ,	7					
F FOR SEASONAL OR TEMPORARY, STAR	AT DATE/ END DATE//						
of Revenue has requested notification with a copy of this request. For fi	Real Estate Excise Tax liability for the section of potential taxable water right relativither information, contact: Department 2504-7477. Phone (360) 570-3265.	ted actions and	therefore may be provid				
7. Signatures:							
to process my application, I he Board access to the above site(s	ove is true and accurate to the best of moreby grant staff from the Department (s) for inspection and monitoring purpool l responsibility for the accuracy of the information of the inf	of Ecology or oses. If assiste	the County Conservan ed in preparing this abo				
	14 1/2 20		10.116.12				
<u>Steve Van Til (Access Golf, LLC)</u> Applicant Printed Name – Title	Applicant Signature	Andigant Signature (Date)					
Applicant Printea Name – Luie	Appucum symuure		(Date)				
Dale Timmons (Overdale Park)	HIMMOND		10/14/13 (Date)				
Water Right Holder Printed Name	Water Right Holder Signature		(Date)				
Land Owner of Existing Place of Use Printed N	Vame Land Owner of Existing Place of Use S.	Nice ature	(Date)				
MINI OWNER Of LANGUING	Ime Duna Onno Sy 2	lghum	(Duic)				
			11				
Land Owner of Proposed Place of Use Printed 1	Name Land Owner of Proposed Place of Use S	Signature	(Date)				
Please check the region in which the proj	ect is located:						
*Submit your application to:	Central Regional Office 15 W Yakima Avenue, Suite 200		Regional Office Monroe Street				
DEPARTMENT OF ECOLOGY	Yakima, WA 98902	Spokane	kane, WA 99205-1295				
CASHIERING SECTION PO BOX 47611	(509) 575-2490	(509) 32	9-3400				
OLYMPIA, WA 98504-7611	No. of course Designation of Course	Couthwes	D in 1 Office				
	Northwest Regional Office 3190 − 160 th Avenue SE	PO Box					
	Bellevue, WA 98008-5452 (425) 649-7000	Olympia (360) 40	a, WA 98504-7775 07-6300				
	(423) 077-7000	(000)	7-0300				
WE ARE RETURNING YOUR A	PPLICATION FOR THE FOLLOWING REA	ASON(S):					
☐ APPLICATION FEE NOT							
☐ ADDITIONAL SIGNATUR	ES REQUIRED	IS INCOM	IPLETE				

DATE:

STAFF: